

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076 Report Period Beginning: 12/01/16 Ending: 11/30/17

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 8/07/17

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	211	Skilled (SNF)	157	70,751	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	211	TOTALS	157	70,751	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	28,757	20,777	6,025	55,559	8
9	SNF/PED					9
10	ICF	728			728	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,485	20,777	6,025	56,287	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.56%

D. How many bed reserve days during this year were paid by the Department?

None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 1972

J. Was the facility purchased or leased after January 1, 1978?

YES Date N/A NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 157 and days of care provided 2,909

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 11/30/2017 Fiscal Year: 11/30/2017

* All facilities other than governmental must report on the accrual basis.

Facility Name: Sunny Hill Nursing Home of Will Co
IDPH License ID Number: 0014076
Fiscal Year End: 11/30/17

Schedule 2A

III. Statistical Data
Bed Days Computation

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Skilled (SNF)	211	12/1/16	8/6/17	249	52,539
Skilled (SNF)	157	8/7/17	11/30/17	116	18,212
Total - Line 1, Column 4					70,751

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Intermediate (ICF)				1	-
Intermediate (ICF)				1	-
Total - Line 3, Column 4					-

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/01/16 Ending: 11/30/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	758,715	23,142	23,371	805,228		805,228	-	805,228		1
2	Food Purchase		521,908		521,908		521,908	(2,760)	519,148		2
3	Housekeeping	666,145	76,547	-	742,692		742,692	-	742,692		3
4	Laundry	177,077	40,893	-	217,970	-	217,970	-	217,970		4
5	Heat and Other Utilities			234,276	234,276		234,276	-	234,276		5
6	Maintenance	-	408	118,549	118,957		118,957	375,022	493,979		6
7	Other (specify):*	-	-	-	-		-	-	-		7
8	TOTAL General Services	1,601,937	662,898	376,196	2,641,031	-	2,641,031	372,262	3,013,293		8
	B. Health Care and Programs										
9	Medical Director	-	-	6,000	6,000		6,000	-	6,000		9
10	Nursing and Medical Records	6,336,384	373,078	754,028	7,463,490		7,463,490	-	7,463,490		10
10a	Therapy	183,222	-	-	183,222		183,222	-	183,222		10a
11	Activities	215,823	-	159	215,982		215,982	-	215,982		11
12	Social Services	238,960	-	-	238,960		238,960	-	238,960		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):*	-	-	-	-		-	-	-		15
16	TOTAL Health Care and Programs	6,974,389	373,078	760,187	8,107,654	-	8,107,654	-	8,107,654		16
	C. General Administration										
17	Administrative	182,399	-	-	182,399		182,399	-	182,399		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			25,555	25,555		25,555	881,980	907,535		19
20	Dues, Fees, Subscriptions & Promotions			58,495	58,495		58,495	(27,520)	30,975		20
21	Clerical & General Office Expenses	374,659	33,257	18,526	426,442		426,442	61,974	488,416		21
22	Employee Benefits & Payroll Taxes			5,468,621	5,468,621		5,468,621	423,087	5,891,708		22
23	Inservice Training & Education			-	-		-	-	-		23
24	Travel and Seminar			2,095	2,095		2,095	-	2,095		24
25	Other Admin. Staff Transportation		-	193	193		193	-	193		25
26	Insurance-Prop.Liab.Malpractice			-	-		-	269,143	269,143		26
27	Other (specify):*	-	-	-	-		-	-	-		27
28	TOTAL General Administration	557,058	33,257	5,573,485	6,163,800	-	6,163,800	1,608,664	7,772,464		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,133,384	1,069,233	6,709,868	16,912,485	-	16,912,485	1,980,926	18,893,411		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			780,340	780,340		780,340	-	780,340		30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-		31
32	Interest			-	-		-	-	-		32
33	Real Estate Taxes			-	-		-	-	-		33
34	Rent-Facility & Grounds			-	-		-	-	-		34
35	Rent-Equipment & Vehicles			77,689	77,689		77,689	-	77,689		35
36	Other (specify):*			-	-		-	-	-		36
37	TOTAL Ownership			858,029	858,029	-	858,029	-	858,029		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation	-	-	-	-		-	-	-		38
39	Ancillary Service Centers	-	116,934	536,525	653,459		653,459	-	653,459		39
40	Barber and Beauty Shops	-	-	-	-		-	-	-		40
41	Coffee and Gift Shops	-	-	-	-		-	-	-		41
42	Provider Participation Fee			429,412	429,412		429,412	-	429,412		42
43	Other (specify):* Non-Allowable Cos	-	-	27,260	27,260		27,260	(27,260)	-		43
44	TOTAL Special Cost Centers	-	116,934	993,197	1,110,131	-	1,110,131	(27,260)	1,082,871		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,133,384	1,186,167	8,561,094	18,880,645	-	18,880,645	1,953,666	20,834,311		45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,760)	2		4
5	Telephone, TV & Radio in Resident Rooms	(23,060)	20		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(669)	43		28
29	Other-Attach Schedule See Page 5A	(31,051)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (57,540)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	2,011,206		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 2,011,206		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 1,953,666		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

Sunny Hill Nursing Home of Will Co

ID# 0014076

Report Period Beginning: 12/01/16

Ending: 11/30/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Chamber of Commerce Dues	\$ (260)	20	1
2	Lab Services	(6,831)	43	2
3	Disallow IHCA Lobbying Fees	(4,200)	20	3
4	Disallow non-allowable radiology services	(19,760)	43	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(31,051)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Will County	100%	N/A		Will County	Joliet	Government

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization			
1	V	6 Maintenance	\$	Will County	100.00%	\$ 375,022	\$	375,022	1
2	V	19 Professional Services		Will County	100.00%	881,980		881,980	2
3	V	21 Film Processing		Will County	100.00%	28,331		28,331	3
4	V	21 Telephone		Will County	100.00%	33,643		33,643	4
5	V	22 Employee Benefits		Will County	100.00%	423,087		423,087	5
6	V	26 Insurance		Will County	100.00%	269,143		269,143	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$			\$ 2,011,206	\$ *	2,011,206	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Board of Directors							1
2								2
3	Judy Ogalla	0						3
4	Laurie Summers	0						4
5	Jim Moustis, County Board Speaker	0						5
6	Cory Singer	0						6
7	Donald Moran	0						7
8	Beth Rice	0						8
9	Kenneth Harris	0						9
10	Jacqueline Traynere	0						10
11	Darren Bennefield	0						11
12	Gretchen Fritz	0						12
13	Debbie Milltello	0						13
14	Don Gould	0						14
15	Steve Balich	0						15
16	Mike Fricilone	0						16
17	Herbert Brooks, Jr.	0						17
18	Denise Winfrey	0						18
19	Annette Parker	0						19
20	Lauren Staley-Ferry	0						20
21	Gloria Dollinger	0						21
22	Tyler Marcum	0						22
23	Suzanne Hart	0						23
24	Charles "Chuck" Maher	0						24
25	Ray Tuminello	0						25
26	Tom Weigel	0						26
27	Mark Ferry	0						27
28	Tim Kraulidis	0						28
29								29
30								30

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/01/16 Ending: 11/30/17

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See PG6-Supp	County board	Administrative	0.00					\$	N/A	1
2		member									2
3	No services have been provided to the nursing home by board members										3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending: 11/30/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Will County
 Street Address 302 North Chicago
 City / State / Zip Code Joliet, IL 60432
 Phone Number (815) 740-4607
 Fax Number (815) 740-4319

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	Maintenance	% of Staff	1	1	\$ 375,022	\$ 1	\$ 375,022	1
2	19	Professional Services	% Hours / % Warrants	1	1	881,980	1	881,980	2
3	21	Film Processing	% State	1	1	28,331	1	28,331	3
4	21	Telephone	% Hours / % Warrants	1	1	33,643	1	33,643	4
5	22	Employee Benefits	% Employees	1	1	423,087	1	423,087	5
6	26	Insurance	% Employees	1	1	269,143	1	269,143	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,011,206	\$	\$ 2,011,206	25

Facility Name & ID Number

Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	A. Directly Facility Related																	
	Long-Term																	
1	N/A						\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
	Working Capital																	
6	N/A											6						
7												7						
8												8						
9	TOTAL Facility Related						\$	\$			\$	9						
	B. Non-Facility Related*																	
10												10						
11	N/A											11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$	\$			\$	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunny Hill Nursing Home of Will Co COUNTY Will

FACILITY IDPH LICENSE NUMBER 0014076

CONTACT PERSON REGARDING THIS REPORT Rebecca Haldorson, Administrator

TELEPHONE (815) 727-8710 FAX #: (815) 727-8637

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>N/A - County does not pay real estate taxes.</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
2. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
3. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
4. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
5. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
6. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
7. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
8. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
9. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
10. <u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
	TOTALS	\$ <u>=====</u>	\$ <u>=====</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES N/A NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

PLEASE NOTE: Payment information from the Internet or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076 Report Period Beginning:

12/01/16 Ending:

11/30/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 128,067 B. General Construction Type: Exterior Brick Frame Steel/Concrete Block Number of Stories Two

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>		<u>1972</u>	<u>\$ 25,000</u>	1
2					2
3	TOTALS			\$ 25,000	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
4	140	1972	1972	\$ 1,375,843	\$ -	40	\$ -	\$ 1,375,843
5	140	1976	1976	1,198,083	-	40	-	1,198,083
6					-		-	
7					-		-	
8					-		-	
Improvement Type**								
9	Fencing		1970	727		20		727
10	Landscaping		1972	51,575		10-20		51,575
11	Patching and Paving/Air Conditioning/Entrance		1973	37,155		10-20		37,155
12	Door		1974	38,466		20		38,466
13	Asphalt Paving		1975	155,856		15		155,856
14	Landscaping		1976	57,254		10-15		57,254
15	Sewer and Water		1976	26,031		30		26,031
16	Plumbing		1972	183,817		25		183,817
17	Heating and Electrical		1972	522,443		20		522,443
18	Plumbing		1976	262,534		25		262,534
19	Heating and Electrical		1976	508,942		20		508,942
20	Sprinkler System and Paving		1975	83,460		25		83,460
21	Repairs / Roof		1981	107,858		15		107,858
22	Building Improvement		1987	819,813		25		819,813
23	Reroof A & B Roof		1985	85,920		20		85,920
24	Parking Lot Lights		1989	3,040		15		3,040
25	Reroof / Hot Water		1992	162,867		20		162,867
26	Washer Repair		1992	3,284		3		3,284
27	Site Improvements		1993	101,451		15		101,451
28	Laundry Renovation		1994	108,852		15		108,852
29	Paving Parking Lot		1995	66,260		15		66,260
30	Laundry, Air Conditioner		1996	362,815		12		362,815
31	Elevator Repair		1997	4,990		10		4,990
32	Tile		1992	7,040		5		7,040
33	Elevator Repair		1996	2,212		3		2,212
34	Sheeting		1993	3,685		3		3,685
35								
36								

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Site improvement	1998	\$ 2,936	\$	10	\$	\$	\$ 2,936	37
38	Electrical work	1998	2,085		10			2,085	38
39	Plumbing repair	1998	2,440		10			2,440	39
40	Boiler repair	1998	4,273		10			4,273	40
41	Fence	1999	1,000		10			1,000	41
42	Air Conditioning Repair	1999	6,284		10			6,284	42
43	Boiler repair	1999	4,965		10			4,965	43
44	Doors	1999	4,842		10			4,842	44
45	Carpeting	1999	1,649		10			1,649	45
46	Nurses Station	1999	53,554		10			53,554	46
47	Wallpaper	2000	840		10			840	47
48	Vinyl Board	2000	823		10			823	48
49	Office Compressor	2000	1,205		10			1,205	49
50	Fire System	2000	3,441		10			3,441	50
51	Fence	2000	936		10			936	51
52	Air Ducts	2000	3,090		10			3,090	52
53	Service Work	2000	1,573		10			1,573	53
54	Parking Lot	2000	4,860		10			4,860	54
55	Circular Pumps	2000	1,079		10			1,079	55
56	Boiler repair	2001	5,326		10			5,326	56
57									57
58	Plumbing	2002	11,756		10			11,756	58
59	Air Cleaner	2002	2,020		10			2,020	59
60	Boiler	2002	5,658		10			5,658	60
61	HVAC Control	2002	2,800		10			2,800	61
62	Fire and Smoke Dampers	2002	26,087		10			26,087	62
63	Doors	2002	4,155		10			4,155	63
64	Fireproof Framing	2002	2,730		10			2,730	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,504,680	\$		\$	\$	\$ 6,504,680	70

**Improvement type must be detailed in order for the cost report to be considered complete.

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,504,680	\$		\$	\$	\$ 6,504,680	1
2	HVAC	2003	11370		10			11,370	2
3	Plumbing	2003	11833		10			11,833	3
4	Oven repairs	2003	3020		10			3,020	4
5	Dishwasher repairs	2003	1419		10			1,419	5
6	Garbage disposal	2003	2429		10			2,429	6
7	Freezer doors	2003	5610		10			5,610	7
8	Boiler repairs	2003	21892		10			21,892	8
9	Entrance door repairs	2003	13240		10			13,240	9
10	Washing machine repair	2003	1045		10			1,045	10
11	Site improvement	2003	8252		10			8,252	11
12									12
13	Fire alarm system	2004	140676		10			140,676	13
14	Water pipes replaced	2004	44498		10			44,498	14
15	Structural work	2004	5331		10			5,331	15
16	Windows	2004	29590		10			29,590	16
17	Wall divider	2004	11280		10			11,280	17
18	Front gate and posts	2004	8025		10			8,025	18
19									19
20	Various lighting	2005	60791		10			60,791	20
21	Cabinet	2005	1200		10			1,200	21
22	Cabinet	2005	4900		10			4,900	22
23	Pavement	2005	6581		10			6,581	23
24	Stump removal and excavation	2005	12600		10			12,600	24
25	Fire alarm modification	2005	4286		10			4,286	25
26		2005	23365		10			23,365	26
27	Remove & Replace concrete sidewalk for								27
28	front entrance to facility	2008	7059	706	10	706		6,707	28
29									29
30	Remove & Replace doors	2009	15489		5			15,489	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,960,461	\$ 706		\$ 706	\$	\$ 6,960,109	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,960,461	\$ 706		\$ 706		\$ 6,960,109	1
2	1st Floor F-Wing	2009	3,215,133	80,378	40	80,378		683,213	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Materials (Steel)								8
9	- Rough Carpentry								9
10	- Millwork, Casework & Materials								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Glass & Glazing								13
14	- Windows, Installation & Trim								14
15	- Finish Carpentry								15
16	- Floor Cover, Demo, Patch								16
17	- Painting, Wall Coverings, Tape								17
18	- Toilet hardware & Accessories								18
19	- Cubical Curtains								19
20	- Signage								20
21	- Fire Extinguishers								21
22	- Sprinkler System								22
23	- Plumbing Demo								23
24	- Plumbing								24
25	- HVAC								25
26	- Electrical								26
27	- Contingency								27
28	- Contingency								28
29									29
30	Generator	2009	528,400	13,210	40	13,210		112,285	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,703,994	\$ 94,294		\$ 94,294		\$ 7,755,607	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,703,994	\$ 94,294		\$ 94,294	\$	\$ 7,755,607	1
2	Lower Level E-Wing, Main Entrance & Canopy	2009	3,669,058	91,726	40	91,726		779,671	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Rough Carpentry								8
9	- Millwork, Casework & Materials								9
10	- Roofing								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Windows & Glazing								13
14	- Finish Carpentry								14
15	- Floor Coverings								15
16	- Painting, Wall Coverings, Tape								16
17	- Toilet hardware & Accessories								17
18	- Cubical Curtains								18
19	- Signage								19
20	- Fire Extinguishers								20
21	- Sprinkler System								21
22	- Plumbing Demo & Concrete								22
23	- Plumbing								23
24	- HVAC								24
25	- Electrical								25
26	- Contingency								26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,373,052	\$ 186,020		\$ 186,020	\$	\$ 8,535,278	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 14,373,052	\$ 186,020		\$ 186,020	\$	\$ 8,535,278	1
2	1st Floor E-Wing	2009	3,077,955	76,949	40	76,949		654,066	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Materials (Steel)								8
9	- Rough Carpentry								9
10	- Millwork, Casework & Materials								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Glass & Glazing								13
14	- Windows, Installation & Trim								14
15	- Finish Carpentry								15
16	- Floor Cover, Demo, Patch								16
17	- Painting, Wall Coverings, Tape								17
18	- Toilet hardware & Accessories								18
19	- Cubical Curtains								19
20	- Signage								20
21	- Fire Extinguishers								21
22	- Sprinkler System								22
23	- Plumbing Demo								23
24	- Plumbing								24
25	- HVAC								25
26	- Electrical								26
27	- Contingency								27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,451,007	\$ 262,969		\$ 262,969	\$	\$ 9,189,344	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 17,451,007	\$ 262,969		\$ 262,969	\$	\$ 9,189,344	1
2	1st Floor E-Wing	2010	57,230	1,431	40	1,431		10,732	2
3	- General Conditions								3
4	- OH&P								4
5	- Asbestos Abatement								5
6	- Rough Carpentry								6
7	- HVAC								7
8	- Electrical								8
9									9
10	Resident Room Remodel	2011	3,070,458	76,761	40	76,761		498,947	10
11	- General Conditions								11
12	- OH&P								12
13	- Asbestos Abatement								13
14	- Rough Carpentry								14
15	- Electrical								15
16	- plumbing								16
17									17
18	Tile floor resurfacing	2011	3,500		5			3,500	18
19									19
20	4th and 5th Avenue Remodel	2012	2,751,638	68,791	40	68,791		378,350	20
21	- General Conditions								21
22	- OH&P								22
23	- Sprinkler System								23
24	- Plumbing								24
25	- Electrical								25
26	- Rough Carpentry								26
27	- Fire Alarm								27
28	- Security System								28
29	- Nurse Call								29
30	- PA System								30
31	- HVAC								31
32									32
33	Tile floor resurfacing	2012	8,275	827	5	827		8,275	33
34	TOTAL (lines 1 thru 33)		\$ 23,342,108	\$ 410,779		\$ 410,779	\$	\$ 10,089,148	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 23,342,108	\$ 410,779		\$ 410,779	\$	\$ 10,089,148	1
2									2
3	Therapy & Kitchen Interior Renovations, small entrance addition	2013	4,817,787	120,445	40	120,445		542,001	3
4	and parking renovations for therapy								4
5	-Painting								5
6	-Plumbing								6
7	-Electrical								7
8	-Equipment								8
9	- Mechanical								9
10	-General Construction								10
11	-Concrete Asphalt								11
12	-Excavation								12
13	-Millwork								13
14	-Landscaping								14
15									15
16	Therapy & Kitchen Renovations, 6th Avenue and Admin,	2014	3,318,956	82,974	40	82,974		290,409	16
17	patient wing, dining room and administrative areas								17
18	-Fire Protections								18
19	-Plumbing								19
20	-Painting								20
21	-Asbestos Abatement								21
22	-Electrical								22
23	-General Construction								23
24	-Excavation								24
25	-Millwork								25
26	-Landscaping								26
27	-HVAC								27
28	-Elevator Modernization								28
29	-Access Road Rehabilitation								29
30	-Concrete Asphalt								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 31,478,851	\$ 614,198		\$ 614,198	\$	\$ 10,921,558	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 31,478,851	\$ 614,198		\$ 614,198	\$	\$ 10,921,558	1
2									2
3	6th Avenue and Admin, Interior patient wing,	2015	2,849,503	71,238	40	71,238		178,095	3
4	dining room, administrative areas and roof								4
5	- Roofing & Sheet Metal								5
6	- Fire Protections								6
7	- Painting								7
8	- Plumbing								8
9	- Electrical								9
10	- Asbestos Abatement								10
11	- Reengineering HVAC								11
12	- Flooring								12
13	- Millwork								13
14	- General trades								14
15									15
16	6th Avenue and Admin, Interior patient wing,	2016	2,340,886	58,522	40	58,522		87,783	16
17	dining room, administrative areas and roof								17
18	- Roofing & Sheet Metal								18
19	- Fire Protections								19
20	- Painting								20
21	- Plumbing								21
22	- Electrical								22
23	- Asbestos Abatement								23
24	- Reengineering HVAC								24
25	- Flooring								25
26	- Millwork								26
27	- General trades								27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 36,669,240	\$ 743,958		\$ 743,958	\$	\$ 11,187,436	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 36,669,240	\$ 743,958		\$ 743,958	\$	\$ 11,187,436	1
2	6th Avenue and Admin, Interior patient wing,	2017	496,949	6,212	40	6,212		6,212	2
3	dining room, administrative areas and roof								3
4	- Roofing & Sheet Metal								4
5	- Fire Protections								5
6	- Painting								6
7	- Plumbing								7
8	- Electrical								8
9	- Reengineering HVAC								9
10	- Flooring								10
11	- Millwork								11
12	- General trades								12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 37,166,189	\$ 750,170		\$ 750,170	\$	\$ 11,193,648	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 196,828	\$ 17,767	\$ 17,767	\$	5	\$ 117,333	71
72	Current Year Purchases	124,035	12,404	12,404		5	12,404	72
73	Fully Depreciated Assets	2,355,746					2,355,746	73
74								74
75	TOTALS	\$ 2,676,608	\$ 30,171	\$ 30,171	\$		\$ 2,485,482	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	N/A			\$	\$ -	\$ -	\$		\$	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 39,867,797	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 780,340	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 780,340	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,679,130	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning: 12/01/16

Ending: 11/30/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

N/A
N/A

9. Option to Buy: YES N/A NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 77,689 Description: See Attached Sch 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			<u>N/A</u>		18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name: Sunny Hill Nursing Home of Will Co
IDPH License ID Number: 0014076
Fiscal Year End: 11/30/17

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Helium Tanks	1,028
Ice Machine	3,081
Dietary Equipment	24,882
Nursing Equipment	7,443
Oxygen Tanks	41,255
Total - Line 16	<u>77,689</u>

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	2,980	\$ 223,510	\$	2,980	\$ 223,510	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		918	68,877		918	68,877	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		3,225	241,870	3,405	3,225	245,275	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				100,365		100,365	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					13,164		13,164	12
13	Other (specify): _____									13
14	TOTAL			\$	7,123	\$ 534,257	\$ 116,934	7,123	\$ 651,191	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **11/30/17**

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,000	25,000	13
14	Buildings, at Historical Cost	6,444,148	6,444,148	14
15	Leasehold Improvements, at Historical Cost	30,722,041	30,722,041	15
16	Equipment, at Historical Cost	2,676,608	2,676,608	16
17	Accumulated Depreciation (book methods)	(13,679,130)	(13,679,130)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,188,667	\$ 26,188,667	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,188,667	\$ 26,188,667	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,155,502	1,155,502	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,155,502	\$ 1,155,502	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,155,502	\$ 1,155,502	46
47	TOTAL EQUITY(page 18, line 24)	\$ 25,033,165	\$ 25,033,165	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,188,667	\$ 26,188,667	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 25,081,322	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 25,081,322	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(5,940,373)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (5,940,373)	17
	B. Transfers (Itemize):		
18	Interfund Transfers	5,892,216	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 5,892,216	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 25,033,165	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning: 12/01/16

Ending: 11/30/17

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,931,302	1
2	Discounts and Allowances for all Levels	(641,676)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,289,626	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	567,450	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 567,450	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,760	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	60,631	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,313	19
20	Radiology and X-Ray	7,282	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 76,986	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	Sundry	6,210	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,210	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,940,272	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,641,031	31
32	Health Care	8,107,654	32
33	General Administration	6,163,800	33
B. Capital Expense			
34	Ownership	858,029	34
C. Ancillary Expense			
35	Special Cost Centers	680,719	35
36	Provider Participation Fee	429,412	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,880,645	40
41	Income before Income Taxes (line 30 minus line 40)**	(5,940,373)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (5,940,373)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,042,633	44
45	Private Pay - Net Inpatient Revenue	9,102,571	45
46	Medicare - Net Inpatient Revenue	1,144,422	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,289,626	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A^ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **Sunny Hill Nursing Home of Will Co**

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,872	2,080	\$ 102,305	\$ 49.19	1
2	Assistant Director of Nursing	5,740	6,264	233,015	37.20	2
3	Registered Nurses	62,043	69,600	2,006,862	28.83	3
4	Licensed Practical Nurses	59,703	67,012	1,527,019	22.79	4
5	CNAs & Orderlies	168,184	184,605	2,467,183	13.36	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,394	9,383	183,222	19.53	8
9	Activity Director					9
10	Activity Assistants	10,261	11,325	215,823	19.06	10
11	Social Service Workers	7,943	8,650	238,960	27.63	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,793	33,390	758,715	22.72	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	40,145	41,171	666,145	16.18	18
19	Laundry	9,397	10,512	177,077	16.85	19
20	Administrator	2,025	2,203	120,307	54.61	20
21	Assistant Administrator	1,230	1,338	62,092	46.41	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,449	17,317	374,659	21.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	421,179	464,850	\$ 9,133,384 *	\$ 19.65	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 23,091	1(3)	35
36	Medical Director	Monthly	6,000	9(3)	36
37	Medical Records Consultant	Monthly	11,795	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	943	39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly	1,325	39(3)	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 43,154		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	366	\$ 22,486	10(3)	50
51	Licensed Practical Nurses	9,066	343,260	10(3)	51
52	Certified Nurse Assistants/Aides	14,842	346,096	10(3)	52
53	TOTAL (lines 50 - 52)	24,274	\$ 711,842		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Karen Sobero	Administrator	0	\$ 58,683	Workers' Compensation Insurance	\$	IDPH License Fee	\$ 3,980		
Rebecca Haldorson	Admin/Asst. Admin	0	102,768	Unemployment Compensation Insurance		Advertising: Employee Recruitment			
Deirdre Manigo	Asst. Administrator	0	20,948	FICA Taxes	694,920	Health Care Worker Background Check			
				Employee Health Insurance	3,598,740	(Indicate # of checks performed 83)	992		
				Employee Meals		Patient Background Checks	83 992		
				Illinois Municipal Retirement Fund (IMRF)*	1,106,032	Illinois Health Care Association	13,976		
				Uniforms	58,203	See Schedule 21F	15,235		
				Employee Physicals/Drug Screenings	10,553	Chamber Dues	260		
				Employee Morale	173	Less: Lobbying Fees	(4,200)		
				Allocation from County	423,087	Less: Chamber Dues	(260)		
						Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 182,399	TOTAL (agree to Schedule V, line 22, col.8)		\$ 5,891,708	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 30,975
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
N/A			\$	N/A		\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Expense	2,095	
C. Professional Services				TOTAL			Entertainment Expense ()		
Vendor/Payee	Type		Amount			\$	(agree to Sch. V, line 24, col. 8)		
See Attached Schedule 21C	See Sch. 21C		\$ 25,555				TOTAL	\$ 2,095	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 25,555						

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Sunny Hill Nursing Home of Will Co
IDPH License ID Number: 0014076
Fiscal Year End: 11/30/17

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Duane Morris	Legal	3,628
Duane Morris	Legal	1,871
Duane Morris	Legal	148
RSM US LLP	Accounting	13,336
Kronos	Payroll Services	6,572
Total (agree to Schedule V, line 19, column 3)		25,555
Allocated from Management Company Professional Services		881,980
Total (agree to Schedule V, line 19, column 8)		907,535

Facility Name: Sunny Hill Nursing Home of Will Co
IDPH License ID Number: 0014076
Fiscal Year End: 11/30/2017

Schedule 21F

XIX. SUPPORT SCHEDULES

F. Dues, Fees, Subscriptions and Promotions

Vendor	Amount
AANAC	119.00
BANK OF MONTREAL	3,106.40
BUSINESS DEVELOPMENT BURE	9,870.00
CHANGE HEALTHCARE	600.00
CITY OF JOLIET	240.00
ILLINOIS ACTIVITY PROF AS	100.00
TOUCHTOWN INC	1,200.00
Total (Agrees to Miscellaneous Dues & Subscription Line)	15,235.40

Facility Name & ID Number Sunny Hill Nursing Home of Will Co

0014076

Report Period Beginning:

12/01/16

Ending:

11/30/17

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA - \$13,976
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 79,323 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 429,412
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? No Indicate the amount. \$ 2,760
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Baker Tilly
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. No
Attach invoices and a summary of services for all architect and appraisal fees